Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

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House Bill 5597, An Act Concerning Opioids

The Department of Public Health (DPH) provides the following information regarding House Bill 5597, which seeks to combat the opioid epidemic in the state. Thank you for the opportunity to testify on this important issue.

Section 1 establishes a task force that includes several legislative appointees, with representation from the Departments of Public Health, and Emergency Services and Public Protection. The purpose of this task force is to study protocols used by first responders, emergency medical services personnel, police officers, hospital personnel and medical examiners following an opioid overdose death. The task force must submit a report by January 1, 2022.

The DPH Office of Emergency Medical Services (OEMS) has oversight responsibility for all emergency medical service (EMS) organizations, and all levels of EMS personnel. The OEMS Medical Director co-chairs the Connecticut Emergency Medical Services Medical Advisory Committee (CEMSMAC). This committee was put in place to ensure that all elements of the Connecticut EMS System are medically current and valid. The Department has adopted CEMSMAC recommendations and released Statewide Emergency Medical Services (EMS) Protocols. These protocols, which are reviewed and revised on a regular basis, represent an evidence and consensus-based standard for prehospital care. They are presented to the Connecticut Emergency Medical Services Advisory Board for review and ultimately to the DPH Commissioner for approval before inclusion in the Statewide EMS Protocols.

When responding to calls, EMS personnel are expected to follow the statewide protocols. The protocols indicate the current standards of care across Connecticut but are also created with an eye to maintaining consistency with the other New England states. Each category of EMS personnel (paramedic, emergency medical technician, advanced emergency medical technician, emergency medical responder) follows the protocols in a manner consistent with its scope of practice. This includes response to opioid overdoses.

DPH, along with other state agencies, drug overdose prevention advocates and experts, has been closely monitoring the opioid crisis over the last several years. There were 1,200 unintentional

drug overdose deaths in 2019, and 1,359 confirmed unintentional drug overdose deaths and 78 pending cases in 2020. This marks a 13.3% increase in drug overdose deaths by December 2020, as compared to 2019. Fentanyl and fentanyl analogs were involved in 82% of the overdose deaths in 2019. Currently, the average percentage of fentanyl-involved deaths is over 85% in Connecticut.

In 2019, Connecticut launched an opioid overdose monitoring program to increase rapid interventions and limit harm in opioid overdoses. The Connecticut Statewide Opioid Response Directive (SWORD) program was created through a collaboration between DPH, the Connecticut Poison Control Center (CPCC), emergency medical services (EMS) organizations, New England High Intensity Drug Trafficking Area (HIDTA) and local harm reduction groups. The SWORD program uses a centralized data collection system and HIDTA mapping tool, known as the Overdose Detection Mapping Application Program (ODMAP), to identify outbreaks and direct interventions. The SWORD program mandated all EMS organizations in Connecticut to: 1) call the CPCC for every suspected opioid overdose; 2) call as close to the time of dispatch as possible; 3) answer a series of 10 pre-determined questions; and 4) give a brief report of the circumstances surrounding the incident. After receiving this call, poison control specialists create a case in the CPCC database, and each case is coded according to standard operating procedure. Information from each case is entered into ODMAP by the poison information specialists. The data include the following: address (converted to GPS coordinates), age, gender, transportation to hospital, single/multiple naloxone doses, who administered the naloxone (bystander, police, fire, EMS) and outcome (fatal or nonfatal). The SWORD program makes heavy use of epidemiologists and data analysts to drill-down and identify events of public health significance.

Based on the information above, and the policies and protocols that are currently in place, DPH recommends clarifying the language in Section 1 to refine the purpose of studying these protocols in order to frame the recommendations in a useful and actionable way. Additionally, DPH proposes expanding the membership list to ensure appointed members include representatives working in the following key sectors: EMS, law enforcement, a hospital emergency department, mental health and addiction services and a clinician trained in forensic pathology. This work could be linked back to the statewide Alcohol and Drug Policy Council (ADPC).

DPH opposes Section 2, which requires the Commissioner of Public Health to establish guidelines for non-pharmaceutical treatment of chronic pain, including but not limited to, chiropractic treatment and physical therapy. The Department would also be required to conduct outreach to increase awareness of such guidelines. DPH notes that there is no current legal prohibition on a prescriber referring a patient to a physical therapist or chiropractor in these circumstances.

The Centers for Disease Control and Prevention (CDC) developed guidelines and a checklist for prescribing opioids for chronic pain that support patients in receiving appropriate pain treatment. They delineate recommendations for clinicians to consider all pain management

strategies, including nonopioid pain medications and nonpharmacological treatments, with careful consideration of the benefits and risks of treatment options. These guidelines are intended to improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder, overdose and death.

DPH currently promotes the CDC guidelines with support from federal grant dollars. It is redundant to develop the described guidelines in Section 2. Additionally, these types of guidelines are best left to professional societies or national organizations to develop, rather than at the state government level.

Thank you for your consideration of this information. DPH encourages committee members to reach out with any questions.

References:

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

CDC Checklist for prescribing opioids for chronic pain: http://stacks.cdc.gov/view/cdc/38025
CDC Web site resource: http://www.cdc.gov/drugoverdose/prescribingresources.html

Workgroup of the Connecticut Alcohol and Drug Policy Council, January 1, 2019. Evaluation of Methods of Combating the Opioid Epidemic in the State of Connecticut Per Public Act No. 18-166 AN ACT CONCERNING THE PREVENTION AND TREATMENT OF OPIOID DEPENDENCY AND OPIOID OVERDOSES IN THE STATE. Evaluation of Methods of Combating the Opioid Epidemic in the State of Connecticut Per Public Act No. 18-166